

Commonwealth of Massachusetts
Division of Occupational Licensure
BOARD OF REGISTRATION OF REAL ESTATE APPRAISERS
1000 Washington Street • Boston • Massachusetts • 02118
REGISTERING AN APPRAISAL MANAGEMENT COMPANY

HOW TO APPLY

Email the required form and supporting documentation to the Board at dpl-appraiser-board@mass.gov. The form must be typed.

REQUIRED DOCUMENTS

Please review the list below for a summary of the documents required for the Appraisal Management Company application:

- Application;
- A notarized Criminal Offender Record Information (CORI) Authorization Form completed and signed by the applicant. **A completed CORI Form must be submitted with the Application for every person who owns more than 10% of the company OR is an officer of the company OR has been designated as the company's controlling person, employee in charge, or managing principal of the entity;** and
- Irrevocable Uniform Consent to Service of Process.
- **NOTE:** All companies that are registered with the Board will in the future be required to file a Surety Bond in an amount to be determined by the Board and in the name of the *Appraisal Management Company*.

APPLICATION REVIEW AND PROCESSING TIME

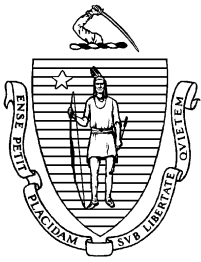
Please note that it takes a minimum of seven (7) business days for the Board to review and approve an application. The Board will review complete applications only. Failure to submit all required information or supporting documents will result in your application being deemed incomplete or denied.

APPLICATION APPROVAL AND LICENSE ISSUANCE

Once approved, the Board will send an approval letter to the email or mailing address provided by the applicant during the application process.

QUESTIONS

Question regarding the real estate appraisal management company application process should be directed to the Board office by emailing dpl-appraiser-board@mass.gov.



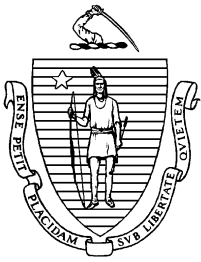
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Internal Use Only	
Date Received	
Issue Date	
Expiration Date	
Registration/License Number	

**APPRAISAL MANAGEMENT
COMPANY
REGISTRATION APPLICATION**

Please complete all Fields

Legal Company Name		
Trade Name/ DBA (if applicable)		
FEIN Number	Social Security Number (Applying as Sole Proprietorship)	
Physical Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone Number		
Company Email Address		

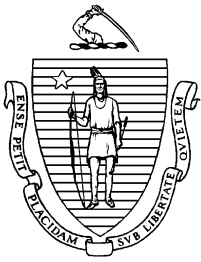


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Contact/Controlling Person Name		
Address		
City	State	Zip Code
Phone Number	Email Address	
Appraiser License Number (Optional)	Issuing State	

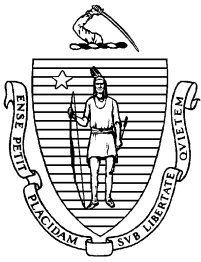
Employee in Charge Name		
Address		
City	State	Zip Code
Phone Number	Email Address	
Appraiser License Number MANDATORY	Issuing State	

Registered Agent Name		
Address		
City	State	Zip Code
Phone Number	Email Address	



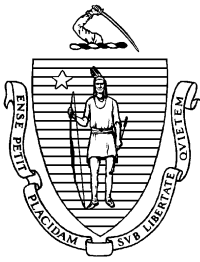
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1. Does the AMC oversee a panel of 25 or more certified or licensed appraisers in **two or more States** within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction? ☐ Yes ☐ No *If yes skip question 2.*
2. Does the AMC oversee a panel of 16 or more certified or licensed appraisers in **only a single State** within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction? ☐ Yes ☐ No
3. Is this AMC owned and controlled by an insured depository institution regulated by the OCC, the Federal Reserve, or the FDIC (Federally Regulated)? ☐ Yes ☐ No
4. I certify that the entity requires appraisers completing appraisals at its request to comply with the Uniform Standards of Professional Appraisal Practice, including the requirements for geographic and product competence, and I certify that the applicant has a system in place to review the work of all real estate appraisers who perform real estate appraisal services for the applicant on a periodic basis to confirm that those services are being performed in accordance with the Uniform Standards of Professional Appraisal Practice ☐ Yes ☐ No
5. I certify that the company is not owned in whole or in part by any person, directly or indirectly, who has had an appraiser license or certificate in this state or in any other state, refused, denied, cancelled, surrendered in lieu of revocation, or revoked, unless such license or certificate was subsequently granted or was not revoked for substantive cause and was subsequently reinstated.
☐ Yes ☐ No
6. I certify that no person who owns more than 10 percent of the company and no person who has been designated as the company's controlling person or employee in charge has been convicted of, or entered a plea of nolo contendere to, a felony or, within the last five (5) years, convicted of a misdemeanor involving an activity related to the transfer of real property including, but not limited to, real estate appraisal, mortgage lending or any offense involving breach of trust, moral turpitude or fraudulent or dishonest dealing. ☐ Yes ☐ No
7. I certify that the entity will maintain a detailed record of each service request that it receives and the appraiser who performs the residential real estate appraisal services for the appraisal management company, and a complete digital copy of every version of each appraisal report completed by the appraiser. ☐ Yes ☐ No
8. I certify that the entity has a system and process in place to verify that an individual being added to the appraiser panel of the Appraisal Management Company holds a license in good standing.
☐ Yes ☐ No



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9. I certify that the entity has a system and process in place to verify that only licensed or certified appraisers are used for federally related transactions. ☐ Yes ☐ No
10. I certify that the entity has a system and process in place to verify that a person being added to the appraiser panel of the appraisal management company for appraisal assignments on real property located in the Commonwealth holds a Massachusetts appraiser license or certification in good standing issued by the board. ☐ Yes ☐ No
11. I certify that the entity has a system or process in place to ensure that the entity, in engaging an appraiser, selects an appraiser who is independent of the transaction and who has the requisite education, expertise, and experience necessary to competently complete the appraisal assignment for the particular market and property type. ☐ Yes ☐ No
12. I certify that the entity has a system or process to require that appraisals are conducted independently and free from inappropriate influence and coercion as required by the appraisal independence standards established under section 129E of the Truth in Lending Act, 15 U.S.C. § 1639e(a)-(i), including the requirement that fee appraisers be compensated at a customary and reasonable rate when the appraisal management company is providing services for a consumer credit transaction secured by the principal dwelling of a consumer. ☐ Yes ☐ No
13. Has the entity for which this application is submitted ever been convicted of a crime? If “yes” you must provide a detailed written explanation and attach copies of relevant court documents.
☐ Yes ☐ No
14. Does the entity for which this application is submitted have any criminal charges pending against it in any jurisdiction (USA or elsewhere)? If “yes” you must provide a detailed written explanation and attach copies of the charging documents. ☐ Yes ☐ No

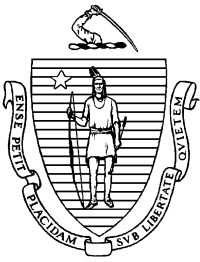


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**LIST EVERY PERSON WHO DIRECTLY OR INDIRECTLY OWNS MORE THAN
10% OF THE ENTITY APPLYING FOR REGISTRATION OR IS AN OFFICER,
CONTROLLING PERSON, EMPLOYEE IN CHARGE OR MANAGING PRINCIPAL**

(Copy as needed)

Name		License Number (if applicable) and state of issuance	
Address			
City	State	Zip Code	
Email Address		Phone Number	
Title <input type="checkbox"/> Owner <input type="checkbox"/> Employee in Charge <input type="checkbox"/> Controlling Person <input type="checkbox"/> Officer <input type="checkbox"/> Managing Principal			
Name		License Number (if applicable) and state of issuance	
Address			
City	State	Zip Code	
Email Address		Phone Number	
Title <input type="checkbox"/> Owner <input type="checkbox"/> Employee in Charge <input type="checkbox"/> Controlling Person <input type="checkbox"/> Officer <input type="checkbox"/> Managing Principal			
Name		License Number (if applicable) and state of issuance	
Address			
City	State	Zip Code	
Email Address		Phone Number	
Title <input type="checkbox"/> Owner <input type="checkbox"/> Employee in Charge <input type="checkbox"/> Controlling Person <input type="checkbox"/> Officer <input type="checkbox"/> Managing Principal			



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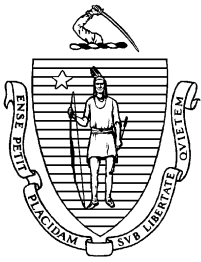
I, _____, hereby state under the pains and penalties of perjury that the information provided on this application for licensure or attached or incorporated herein is truthful and accurate.

Company Name: _____

By:

Signature of Employee in Charge

Type Name of Employee in Charge



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IRREVOCABLE UNIFORM CONSENT TO SERVICE OF PROCESS:

WHEREAS I have made application for an appraisal management company registration to practice in the Commonwealth of Massachusetts in accordance with the provisions of General Laws Chapter 112, §§ 276-289 and

WHEREAS, pursuant to General Laws Chapter 112, §§ 276-289 it is necessary for an appraisal management company applicant to file an irrevocable consent to service agreement with the Executive Director of the Board of Registration of Real Estate Appraisers within the Division of Professional Licensure;

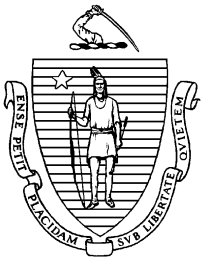
NOW, THEREFORE, I hereby execute and file with the Executive Director of the Board of Registration of Real Estate Appraisers this irrevocable consent that actions may be commenced against the appraisal management company in the proper court of any count in the Commonwealth of Massachusetts in which a cause of action may arise or in which the Plaintiff may reside, by the service of any process or pleadings authorized by the laws of the Commonwealth of Massachusetts on the Executive Director of the Board of Registration of Real Estate Appraisers. Furthermore, it is hereby stipulated and agreed that service of the process or pleading on the Executive Director of the Board shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the Commonwealth of Massachusetts.

IN WITNESS WHEREOF I have hereunto signed my name.

Signature of Controlling Person

Date

Name Printed



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CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

Submit one completed two-page form for every person who owns more than 10% of the company OR who is an officer OR has been designated as the company's controlling person, employee in charge or managing principal of the entity

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee who owns more than 10% of the company OR who is an officer OR has been designated as the company's controlling person, employee in charge or managing principal of the entity, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Occupational Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

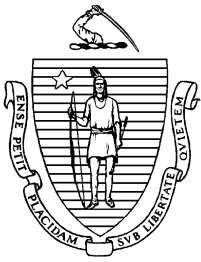
I also understand that the Division of Occupational Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

NOTE: DPL cannot accept this two-page CORI acknowledgment form unless it is signed in the presence of a notary public who has likewise verified identity.



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SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION:

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

- ☐ Passport ☐ State-issued driver's license ☐ Military identification
☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On